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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

None KMC

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

GERMANY 103 12 656.2 03/21/2003

KMC

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	GERMANY	DRAWING 3	CLAIMS 5	CLAIMS 1
Verified and Acknowledged	Examiner's Signature 	Initials			

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## TITLE

Tubular compression bandage

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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